

Children's Mental Health Plan

Criterion 1: Comprehensive Community-Based Services for Children

The President's New Freedom Commission

Goal 1: Americans Understand that Mental Health is Essential to overall Health

Goal 2: Mental Health Care is Consumer and Family Driven

Goal 5: Excellent Mental Health Care is Delivered and Research is Accelerated

Vision Statement from President's New Freedom Commission:

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community.

In support of this vision, three priority areas have been identified for transformation in children's services:

- ***System of care development and expansion.*** Virginia has adopted the system of care model. However, continued efforts are needed to provide funding for system of care services, education, training and technical assistance to support system of care implementation.
- ***Parent involvement and support.*** Numerous organizations exist in Virginia to support, educate and advocate for children and families. However, the effectiveness of these groups is limited by fragmentation and limited resources.
- ***Funding capacity necessary to support the system of care.*** Full implementation of a system of care in each of Virginia's communities will not be possible without additional funding.

Comprehensive Community-Based Mental Health System of Care Envisioned for the Future in Virginia

Consistent with the mental health system transformation called for by the President's New Freedom Commission on Mental Health, Virginia is working to transform services system for children who have mental health problems. The Community Mental Health Services Block Grant is a valuable resource to Virginia in this effort. Block grant funds are used to support the services, staffing and training that are needed to create a comprehensive system of care for children with serious emotional disturbance and their families. Additionally, Virginia did apply for a Mental Health Transformation State Incentive Grant. There is strong commitment from the Governor's Office and considerable resources have been devoted to this system building effort.

The Virginia legislature has convened the Child and Family Behavioral Health Policy and Planning Committee, which has worked since 2003 to study and make recommendations for transformation of the children's services system in Virginia. The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services convenes this group of major stakeholders. The group reports to the General Assembly by June 30th of each year regarding the strengths and weakness of the system of care in Virginia. The group has called for significant change and system development in services to children and their families. In particular, they have called for the system of care model

to be embraced and fully implemented in all communities of Virginia. The system of care in Virginia should be based on the following core values:

1. The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
2. The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve. (Stroul, B., Systems of Care: A Framework for System Reform in Children's Mental Health, Washington, DC, National Technical Assistance Center for Child Mental Health, 2003)

In accordance with the system of care values and principles, Virginia's vision is that the services described in the following section should be available and accessible to all children with serious emotional disturbance:

Description of Services and Resources in the Comprehensive System of Care Health, Mental Health, and Rehabilitation services

The following services comprise Virginia's system of care. All of these services are available in Virginia. Some are included in the State Medicaid Plan and are reimbursable by Medicaid under Community Mental Health Rehabilitation Services and Targeted Case Management. Virginia's vision for the system of care is for the full array of services to be available in each community in Virginia.

- Assessment
- Outpatient clinic services
- Specialized psychiatric services
- Specialized medications management services
- Intensive case management
- Intensive in-home services
- Parent/Family support services
- Day treatment services
- Partial hospitalization
- Emergency and crisis stabilization services
- Respite care
- Therapeutic foster care
- Crisis residential services
- Residential treatment services: psychiatric and social models
- Acute inpatient treatment

Community Services Boards provide these services in varying combinations and with varying capacity, depending upon local planning, local funding and local assessment of community need. In addition some CSBs have special projects with state funding that complement and expand on their

basic level of local services. Each of these projects is based upon the system of care philosophy. Examples of these projects are:

- Eleven pilot sites are demonstrating new approaches to serving individuals and their families who have co-occurring mental health and substance abuse problems.
- Fifteen demonstration projects in juvenile detention centers have adolescents with co-occurring mental health and substance abuse problems as their priority population to be served. Mental health clinicians and case managers are located on-site in the juvenile detention centers.
- Four evidence-based practice demonstration projects are focusing on youth with co-occurring mental health and substance abuse problems within a system of care framework.. The demonstration projects provide Multi-Systemic Therapy and Functional Family Therapy within the context of a well-developed community system of care. Two projects are in urban areas and two are in rural areas.
- Emphasis is being placed on screening and assessment of children with serious emotional disturbance. CSBs are strongly encouraged to use standardized screening and assessment tools. A workgroup is convening to discuss various screening and assessment tools and to make a recommendation of an assessment instrument that should be used for all children served under the Comprehensive Services Act.
- Parent Support -- DMHMRSAS contracts with Virginia Federation of Families (VA-FOF) to provide support, information, and training to parents of children with serious emotional disturbance. DMHMRSAS provides mental health block grant funding for:
 - the services of VA-FOF.
 - a statewide network of family organizations, Virginia Integrated Network of Family Organizations.
 - In 2006, a statewide conference for parents and families.

Housing Services

Virginia is a recipient of a “Projects for Assistance in Transition from Homelessness” (PATH) formula grant. Any homeless family with a parent or child who suffers from mental illness who lives in the catchment area for the nine available PATH sites is eligible for assistance from the PATH program.

Residential care is also available in Virginia to serve those children whose needs cannot be met in their own homes or foster homes. Every effort is made to provide services in a child’s home community before considering residential care. The Comprehensive Services Act structure is intended to reduce the reliance on residential care through collaborative case planning and financing at the local level.

Educational Services

One of Virginia’s priorities includes providing transitional services to youth with serious emotional disturbance who are moving from school to work settings. Successful integration of such services is dependent upon communication between the Department and other state agencies providing education and work assistance to children. Virginia DMHMRSAS has cooperative agreements with agencies such as the Virginia Board for People with Disabilities, Department of Rehabilitative Services, Department of Education and the Virginia Employment Commission. DMHMRSAS

serves on the Virginia Intercommunity Transition Council that has facilitating transition as its specific focus.

For those adolescents who will soon transition to the adult services system, Employment Services Virginia's state agencies collaborate to assure that the transition to adulthood is supported by programs that focus on the vocational needs of youth. The Department of Education includes a range of pre-employment, vocational and work/study options for older adolescents. Vocational and technical education is an option for all Virginia high school students and is included in the curricula of local and regional specialty centers. The Department of Juvenile Justice operates all juvenile correctional centers in Virginia.

Substance Abuse Services

Virginia provides substance abuse services through the local community services boards and places special emphasis on identifying and serving youth who have co-occurring mental health and substance abuse problems. Virginia has been awarded a Co-occurring Substance Abuse and Mental Health Services State Incentive Grant (COSIG). This grant will create the opportunity to undertake a number of system development activities to integrate services and to develop pilot programs in eleven communities in Virginia. In FY 2003, DMHMRSAS received a Juvenile Accountability Incentive Block Grant of \$500,000 that is being used in a pilot study in five localities. Two full-time staff members were hired for each of the five detention centers including a mental health/substance abuse therapist and case manager. Goals of the grant include assessment of all children to identify those in need of mental health/substance abuse services, provision of services and coordination of care with local community service boards upon discharge from the detention center.

Medical and Dental Services

CSBs promote Family and Medical Insurance Services (FAMIS) to the parents of children and adolescents that they serve. FAMIS is Virginia's health insurance program for children whose families do not qualify for Medicaid benefits. It provides access to quality health services for children of working families. Similar to the adult mental health system, the most significant barrier to primary health care in some areas of Virginia is the lack of local providers. The Virginia Primary Care Association's Sceptor program places medical students and other primary health care professional students in Community Health Centers for two to six week rotations where they provide medical care to adults, children and adolescents. They also have organized recruitment efforts and work with communities to develop solutions for improving access.

Support Services

Case managers at local community services boards assist families in obtaining housing and income assistance as well as assistance in getting children to the CSB. The Department also funds a variety of family support and prevention services. Parents and Children Coping Together (PACCT) has trained over 100 family members and caregivers of children with serious emotional disturbance. The block grant has provided financial support to PACCT. Its Family Involvement Workshop provided information about the service system in Virginia and taught the skills needed to effectively access services for children in need. A Family Leadership train-the-trainer workshop was conducted to train family members in the skills needed to conduct their own Family Involvement Workshop. A toll-free telephone number has been maintained to provide information and referral for mental health services for children across the state. Quarterly newsletters concerning mental health services

for SED children have been published and distributed across Virginia. Additional strategies are being developed to be responsive to the needs of parents of children with serious emotional disturbance. The Department also funds 12 science-based prevention programs for families, including services for new parents, for Head Start children and their parents, and families with children and adolescents.

Services Provided by Local School Systems under the Individuals with Disabilities Education Act

All school systems in Virginia provide services consistent with the Individuals with Disabilities Education Act. The public mental health system collaborates with local schools to provide mental health services in schools. The availability of mental health services varies across the state. Some schools have day treatment programs in collaboration with Community Services Boards. Medicaid reimbursement is available under the State Medicaid Plan for these services in many cases. However, much more collaboration is needed to address gaps in school-based services.

Case Management Services

Case Management services assist individuals and their family members in accessing needed services that are responsive to individual needs. Such services include: identifying and reaching out to potential consumers; assessing needs and planning services; linking the individual to services and supports; assisting the person directly to locate, develop or obtain needed services and resources; coordinating services with other providers; enhancing community integration; making collateral contacts; monitoring service delivery; and advocating for people in response to their changing needs. In FY2003, 7,390 children and adolescents received case management services.

Services for Children and Adolescents with Co-occurring Mental Health and Substance Abuse

Virginia has continued to focus on integrating services for this population. Meeting the unique needs of this population through an organized system of community-based care is a challenge that is being addressed at the state government level and at the community service level. To support these efforts, Virginia has been awarded a State Incentive Grant for Persons with Co-Occurring Substance Abuse and Related Disorders (COSIG). Continued coordination between the mental health and substance abuse offices of DMHMRSAS and between DMHMRSAS and local service providers will be essential to the success of these efforts.

- Eleven pilot sites are demonstrating new approaches to serving individuals and their families who have co-occurring mental health and substance abuse problems.
- Seven demonstration projects in juvenile detention centers have adolescents with co-occurring mental health and substance abuse problems as their priority population to be served. Mental health clinicians and case managers are located on-site in the juvenile detention centers.
- Two evidence-based practice demonstration projects are focusing on youth with co-occurring mental health and substance abuse problems within a system of care framework.

Other activities leading to reduction of hospitalization

Virginia is engaged in a process of transforming the public mental health system to a recovery and resiliency-oriented system. While this should result in reduced inpatient services for adults, there are only 64 children's public hospital beds in Virginia. This has dropped from almost 200 in the early 1990s. Therefore, stakeholders have called for maintaining this capacity to assure

that the needs of children for emergency and intensive inpatient services can be met. However, it is essential that these scarce and costly resources be used efficiently and that community service capacity be developed to enhance timely discharge. Standardized discharge protocols are in use by all CSBs and state mental health facilities. The protocols assist in the identification of specific community service and support needs for children ready to be discharged.

Transformation Activities

Consistent with the national call for transforming mental health care, Virginia has been developing transformation strategies that address specific state needs. To better serve children with serious emotional disturbance, system of care projects and services in juvenile detention centers are being provided.

System of Care/Evidence-Based Practice Demonstration Projects Four collaborative programs to demonstrate evidence-based practices within a system of care framework are funded with state general funds. The system of care framework is designed to coordinate and integrate care planning and management through partnerships with families and youth. This coordination occurs at multiple levels, from service delivery to public policy and is built on a foundation that is both culturally and linguistically competent.¹

Virginia's approach has been to include evidence-based practices within the larger system of care framework, rather than to simply support evidence-based practices in isolation. These projects provide an incentive for communities that have developed a system of care for children to add an evidence-based practice to their existing array of services. DMHMRSAS has collaborated with the Virginia Commission on Youth of the legislative branch in promoting evidence-based practices and is planning a conference on using evidence-based practices with a system of care framework in 2007. The Virginia Commission on Youth has disseminated and updated annually a collection of Evidence-Based Treatment Modalities for Children and Adolescents with Mental Health Treatment Needs. This was noted in the SAMHSA report, "Trends in Mental Health System Transformation: The States Respond, 2005." The updated collection of Evidence-Based Treatment Modalities can be accessed at

<http://coy.state.va.us/Modalities2005/contents05.htm>

The target populations for these demonstration projects are:

- Children with serious emotional disturbance who are involved with the juvenile justice system
- Children who will be returned from residential care with appropriate community services funded by this demonstration project
- Children who have co-occurring mental health and substance abuse problems.

Richmond Behavioral Health Authority (RBHA) is using multisystemic therapy within a system of care framework. This is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.²

Expected outcomes for this project include, but are not limited to, improved family relations, decreased psychiatric symptoms, decreased re-arrests and decreased substance use.

The RBHA program has successfully completed a series of implementation steps, including meeting with referral sources, MST Services consultants and others, hiring of staff, establishing office space, procuring needed computers, cell phones and transportation. The program clinical supervisor and two clinicians have completed the initial five-day MST training. The program is currently recruiting for an additional clinician, as one member of the clinical team resigned in March.

Preliminary Data on Children Served by RBHA Project

The evaluation design for the System of Care demonstration projects includes, among other components, a program tracking spreadsheet that is used by each project. Preliminary information is available on the first children served by the RBHA project. Thirty children have been referred to and reviewed for project services. Complete initial data is available on 19 children. These data illustrate measures taken as the adolescents enter the MST program. Based on the literature regarding outcomes for MST, the number of arrests and days spent in foster care, psychiatric facilities and corrections can be expected to decrease as the youth complete the MST program. Also expected are decreases in drug and alcohol use and increases in school attendance.

The table below provides data available at the end of the first quarter of serving children. The average age of children enrolled was 16 years. All were non-Hispanic African American. Seventeen were male and 2 were female.

Preliminary Data on Children Referred to and Served by RBHA MST Project

Total number of children referred	30	
Total number of children enrolled for service	19	
Average age	16	
Number of arrests in the past year (average)	2.8	
Days in foster care in the past year (average)	0	
Days in psychiatric facility in past two years (average)	2.1	no days 70%
Day in corrections in the past year (average)	42	no days 50%
Any drug or alcohol use	yes 11	no 7
Attending school regularly	yes 9	no 8

Services provided include individual therapy, family therapy, case management, and crisis intervention. Currently, all children remain in the home with either a parent or legal guardian. Three children were placed out of the home on a temporary basis: two were hospitalized and one was placed in detention. These children have returned to the home and are currently receiving services.

Planning District 1) is using functional family therapy within a system of care framework.. This is a family-based prevention and intervention program that has been applied successfully in a variety of situations to assist youth and their families. The model consists of a systematic and multi-phase intervention map that provides a framework for clinical decisions, within which the therapist can

adjust and adapt the goals of the past to the individual needs of the family. An FFT team is made up of 3-8 clinicians who receive intensive, sustained training.³

Expected outcomes for this project include, but are not limited to, increased quality of relational skills (e.g., communication, parenting) and preventing progression into more restrictive, higher cost services.

These two sites are participating in an evaluation process that will focus on child and family-specific outcomes resulting from the provision of these evidence-based practices in a system of care context. Baseline data will be collected on each child and progress will be tracked according to core outcomes associated with the specific evidence-based practice. Additionally, the evaluation will also assess parent involvement with services. Initially, these projects will serve 60 to 75 children each year who have severe behavioral health needs. Currently the sites have just begun to see the first children and are working with the Office of Child and Family Services to develop procedures for progress evaluation.

Planning District 1 has developed a detailed workplan for the implementation of the functional family therapy (FFT) program. Many of the implementation steps are complete, including hiring of clinical staff and a family/parent partner to assist with family groups, procurement of child psychiatry services, equipment and transportation, acquiring the appropriate licensing agreements and outcome measure requirements from the FFT consultants. Continued the efforts are underway to recruit for crisis stabilization positions. The program anticipates beginning to serve children in June, depending on FFT Consultant training schedules.

Both projects regularly meet with community stakeholders from the Department of Juvenile Justice, the Department of Social Services, Detention providers and others to establish, coordinate, and refine the referral protocols to ensure timely access to services. DMHMRSAS staff has participated and provided guidance to each project site through technical assistance visits, teleconferences and other communications. Each site has presented information to the Juvenile and Domestic Relations Court judges, Court Services Unit Director, and others in each community regarding how these new evidenced based practices will compliment existing programming. Both programs generate referrals primarily from the juvenile justice system.

Community Services Board Services in Juvenile Detention Centers Eight Community Services Boards (CSBs) are providing mental health and substance abuse services in juvenile detention centers. CSBs house staff (a clinician and a case manager) at the local juvenile detention center to provide mental health screening/assessment and other mental health and substance abuse services as indicated through the initial intake assessment process. Five of the projects are funded with a combination of federal and state funding while three programs are fully funded with state general funds. The eight CSB's and their detention center partners involved with this initiative are as follows:

- Central Virginia CSB/Lynchburg Juvenile Detention Center
- Chesapeake CSB/Chesapeake Juvenile Justice Center
- Chesterfield CSB/Chesterfield Juvenile Detention Home
- Crossroads CSB/Piedmont Juvenile Detention Home
- Norfolk CSB/Norfolk Juvenile Detention Home
- Planning District One Behavioral Health/Highlands Juvenile Detention Home

- Richmond Behavioral Health/Richmond Juvenile Detention Home
- Valley CSB/Shenandoah Juvenile Justice Center

Combined data gathered from all eight programs includes the following information:

Of 1217 youth admitted to the eight detention centers in the first quarter of calendar year 06:

- 1081 mental health assessments were performed on youth in detention
- Case management services were provided to 689 youth
- Individual counseling services were provided to 457 youth
- Group counseling services to 340 youth
- 75 youth received crisis intervention services while in detention
- 60 youth were prescribed psychotropic medications
- Only 19 youth were referred form inpatient services

Governor Kaine's new budget for FY 07 promises to provide significant resources to build on these system of care and juvenile justice initiatives and to enable more Virginia communities is develop their local systems of care. Two additional system of care and seven new CSB Detention Center projects are planned for FY 07 and FY 08. Guidance for the development of interagency collaborative projects has been issued and proposals are due on May 19. Learning and development from the existing projects will be used to enhance both the existing and new projects. Communities have responded with great enthusiasm to this opportunity to build and expand their local systems of care.

Criterion 2: Mental Health System Data Epidemiology

The President's New Freedom Commission

Goal 5:Excellent Mental Health Care is Delivered and Research is Accelerated

Children and Adolescents with Serious Emotional Disorders

A mental disorder is broadly defined in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (the *DSM IV*) as:

A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment of one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

The methodology for estimating prevalence of serious emotional disturbance was obtained from "*Prevalence of Serious Emotional Disturbance: An Update*" (Friedman et. al., *Mental Health, United States 1998*). Data were insufficient to make prevalence estimates for children younger than nine. This study projects a prevalence rate of serious emotional disturbance and substantial functional impairment in the range of 9 to 13 percent. The prevalence rate of serious emotional disturbance and "extreme functional impairment," was projected to be in the range of 5 to 9 percent. Using the 2000 Census data, these prevalence rates were applied to Virginia population data to extrapolate the estimated number of children and adolescents between 9 and 17 years of age with a

serious mental illness. Between 80,017 and 97,801 Virginia children and adolescents have a serious emotional disturbance. Of these, between 44,455 and 62,237 have serious emotional disturbance with extreme impairment.

Children and Adolescents Who Have Substance Use Disorders

A review of 2002 National Household Survey on Drug Use and Health (formerly the National Household Survey on Drug Use) data suggests that the use of illicit substances (e.g., cocaine and heroin) and the non-medical use of prescription pain relievers and stimulants, particularly among youths and young adults, are increasing. Alcohol use has been increasing steadily since 1990, with youth under age 18 accounting for much of the increase. Adolescent use nearly doubled, from 2.2 million in 1990 to 4.1 million in 2000, with gender distribution about equal. Virginia has a significant number of youth at risk for substance use disorders. According to the 2000 Virginia Community Youth Survey (2002), 44.2% of high school students report alcohol, tobacco or drug use in the past 30 days while 17.7% of middle school youth report use in the past 30 days.

Children and Adolescents With Co-occurring Substance Use and Mental Illness

A growing body of empirical evidence estimates a prevalence rate as high as 50 percent for the co-occurrence of alcohol and other drug use among adolescents with mental health disorders. Virginia has been awarded two grants that will support progress in serving children with co-occurring disorders: a Co-occurring Mental Health and Substance Abuse State Incentive Grant (COSIG) and a COSIG Policy Academy grant. The confluence of these two activities described further under Criterion 5 will strengthen the system of care for children.

Data on Children 0-17 Served in Virginia's Public System

Children 0-17 Receiving Services from CSBs in FY 2004*			
Mental Health	Mental Retardation	Substance Abuse Services	Total Children Served (unduplicated)
24,177	10,973	9029	40,956
*Community Consumer Submission (CCS) FY 2004, DMHMRSAS			
Children 0-17 Receiving Services from State Mental Health Facilities*			
Admissions 700 Discharges 679			
41 Admissions per 100,000 population 17 and under			
48 Beds at Commonwealth Center for Children and Adolescents			
16 Beds at Southwestern Virginia Mental Health Institute Adolescent Unit			
*AVATAR patient data system for state facilities FY 2004; Mental Health Block Grant Implementation Report FY 2004			
National Prevalence Estimates Applied to 2003 Final Estimated Population Data for Virginia*			
Mental Health	Mental Retardation	Substance Abuse	
Children 9-17	1.2%, or 11.8 cases per 1,000	No separate prevalence data is available for children/adolescents	
Serious emotional disturbance 92,346 – 110,815 (level of functioning score of 60)	14,166 Children	Any illicit drug or alcohol dependence in adults and adolescents over age 12 = 213,073 or 3.6 % of Virginia population	
Serious emotional disturbance with extreme impairment 55,407 – 73,877 (level of functioning score of 50)			
* Comprehensive State Plan 2006-2012, DMHMRSAS			

Criterion 3: Children's Services

The President's New Freedom Commission

Goal 1: Americans Understand that Mental Health is Essential to overall Health

Goal 2: Mental Health Care is Consumer and Family Driven

- **System of Integrated Services**

As detailed under Criterion 1, the core services that comprise Virginia's integrated mental health service system are:

- Assessment
- Outpatient clinic services
- Specialized psychiatric services
- Specialized medications management services
- Intensive case management
- Intensive in-home services
- Parent/Family support services
- Day treatment services
- Partial hospitalization
- Emergency and crisis stabilization services
- Respite care
- Therapeutic foster care
- Crisis residential services
- Residential treatment services: psychiatric and social models
- Acute inpatient treatment

The Community Mental Health Services Block Grant is expended to provide the integrated services in the system of care and not for any purpose other than comprehensive community mental health services.

- *The defined geographic area for the provision of the services is the entire state of Virginia.*

D. Transformation Activities

The Department of Mental Health, Mental Retardation, and Substance Abuse Services has worked to develop local systems of care for children, adolescents and their families. The Core Services provided by the Community Services Boards are emergency, prevention and early intervention, outpatient and case management, day supports, residential, inpatient hospitalization. Only two of these services are mandated: emergency services and case management, subject to funds available. CSBs offer varying combinations of the six core services with specialized emphasis on children and adolescents.

The Comprehensive Services Act (CSA) is the statewide structure that includes state and local levels to encourage a collaborative participation and planning process to meet the services needs of all youth. The strength of this system is the collaborative structure and the pooling of funds to provide services to meet the multiple needs of youth. The weakness of the CSA is lack of a system perspective to developing policy and procedures, lack of family involvement at the policy and planning levels, lack of locally developed services to meet the multiple needs of children and their families, and over-reliance on services provided in residential facilities.

The General Assembly requires that the DMHMRSAS, the Department of Medical Assistance Services, and the Department of Juvenile Justice Services, in cooperation with the Office of

Comprehensive Services, Community Service Boards, Court Service Units, and other stakeholders develop an integrated policy and plan to provide and improve access by children, including juvenile offenders, to mental health, mental retardation and substance abuse services. The annual plan identifies services needed by children, the cost and source of funding for the services, the strengths and weaknesses of the current delivery system and recommendations for improvement. In addition, the plan is charged with making recommendations regarding prevention, intervention, and treatment for high-risk children and families in rural localities. Much of the integrated policy and plan is integrated into this plan.

Transforming Mental Health Services in Juvenile Justice Services

The department is moving aggressively to respond to the need for mental health and substance abuse services for youth in the juvenile justice system. Funding, technical assistance and training is being provided to fifteen communities that are providing mental health services to children in detention centers. These services are detailed under Criterion 1.

Criterion 4: Targeted Services to Rural and Homeless Populations **Children Living in Rural Areas**

The President's New Freedom Commission

Goal 3: Disparities in Mental Health Services are Eliminated

The Commission's final report recommendations include:

- *Rural America Needs Improved Access to Mental Health Services*
- *Rural Needs Must Be Met*

Transformation Activities

Virginia recognizes the challenges of serving the rural and homeless populations. The state of Virginia covers a wide range of geographic regions, including many rural communities and many urban/rural combination areas. Many of the community services boards serve areas that include both a city and a rural area and many have homeless families and children.

Twenty-three of the 40 Community Services Boards provide services to persons living in the rural areas of Virginia. Rural Community Services Boards provide the same system of core services to children as those in urban and suburban areas. However, they use different approaches, such as sharing services regionally with other Community services boards and collaborating with local and regional contract agencies to meet the service needs of children. Community services boards vary according to budget size and population density. The services and programs of rural community services boards to children vary as much as the funding. Many CSBs in rural areas do not have the infrastructure to support the services that are needed by children in their community. In addition, CSA funding sometimes acts as a disincentive to rural localities from developing local programs for children who are often referred to private residential treatment facilities for services.

As part of Virginia's commitment to developing systems of care for children, two demonstration projects have been funded at \$500,000 each in rural communities. The Planning District 1 CSB and the XXX CSB have been selected through a competitive process to demonstrate the effectiveness of an evidence-based practice, XXX, within a rural system of care. These demonstration projects will

provide an important opportunity to serve children in rural communities, reduce unnecessary residential care and juvenile justice involvement and improve home and school functioning.

In addition, DMHMRSAS has incorporated into its Comprehensive State Plan for 2006-2012 the following steps to address the need for increased services in rural areas, including convening a workgroup of state facility and CSB leaders to identify current and projected areas of service need.

- a. Assess the capacity of current medical and clinical staff to meet the specialized service needs of children and adults served by CSBs in rural and clinically underserved areas.
- b. Identify the availability of specialized medical and clinical expertise in state facility programs by state facility service area.
- c. Develop strategies to provide state facility specialized medical and clinical staff for treatment and consultation services to CSBs that have current and projected shortages.
- d. Use state facility medical and clinical specialists to provide training to CSB personnel in identified areas of need, using interactive telecommunication networks and video technology.
- e. Advocate Federal regulatory revisions to assess per capita allotments fairly within state allocations in distributing transportation funding so that amounts would be allotted equitably among rural and urban populations.

E. Children and Their Families Who Are Homeless

Virginia is committed to providing services to children with serious emotional disturbance and their families who are homeless and to preventing homelessness in children and families.. Estimates indicate that between 12 and 20,000 individuals with mental illness/emotional disturbance become homeless each year. The following are some of Virginia's activities related to homeless children:

- *CSBs provide outreach services to homeless individuals with mental illness/emotional disturbance and their families. This includes outreach to homeless shelters and domestic violence shelters. CSB workers advocate to link homeless adults with minor children to appropriate community service providers.*
- *Virginia is a recipient of Projects for Assistance in Transition from Homelessness (PATH) formula grant. This grant provides funds for outreach to persons who are homeless and have serious mental illness and their children across the state. The total SFY 2005 federal award for Virginia is \$1,061,000.*
- *Homeless families with a parent or child who suffers from mental illness/emotional disturbance are served by the outreach services provided by one of the twenty (20) PATH sites under Virginia's Projects for Assistance in Transition from Homelessness (PATH) formula grant. The number of children served through PATH sites has been growing each year, to 35 this year. Emancipated minors may be served in the PATH program. However, unemancipated minors who are not with a homeless parent are considered runaway or abandoned and must be connected with the appropriate social services.*

- *Some children who are homeless are at risk for involvement in the juvenile justice system. Virginia has been focusing significant attention on addressing the mental health needs of children in the juvenile justice system. This includes seven demonstration projects that are screening, identifying, assessing, treating and referring children with mental health and substance abuse problems in juvenile detention centers. Homeless children are a group that are considered to be at risk and are likely to be identified through demonstration projects.*
- *The Virginia Department of Housing and Community Development, a Mental Health Planning Council member, has a number of initiatives that focus on homeless children. In FY 2005, child service coordinators assisted 6,619 homeless children in 68 emergency shelter and transitional housing facilities. These services were supported by \$360,000 in state general funds and \$620,750 in Temporary Assistance to Needy Families (TANF) funding).*
- *The Child Services Coordinator Grant to localities and non-profits supports services to homeless children, including health assessments, mental health screenings and assessments, transportation and other support for school attendance.*
- *The HOPE project, Virginia Education for Homeless Children and Youth Program, is a statewide service that supports continued school enrollment for homeless children. HOPE is supported by McKinney funding that is managed through the College of William And Mary in Williamsburg, VA.*

Performance measure chosen for Criterion 4:

The number of children with serious emotional disturbance who are served by rural community services boards.

Criterion 5: Management Systems

The President's New Freedom Commission

Goal 5:Excellent Mental Health Care is Delivered and Research is Accelerated

- *Change Reimbursement Policies to More Fully Support Evidence-Based Practices*
- *Address the Workforce Crisis in Mental health*

Transformation Activities

Financial Resources, Staffing and Training Necessary for the Plan

Financial Resources and Staffing Financial resources and staffing for children with serious emotional disturbance are managed by the Office of Child and Family Services within DMHMRSAS. This office serves to improve the organization of services within the Department to provide leadership for services and issues pertaining to children and their families on a statewide basis. The Office of Child and Family Services provides leadership, direction, management and support for integrated services for children and adolescents with mental health, mental retardation and substance abuse disorders and their families. It strives to establish and strengthen collaborative partnerships with colleagues within DMHMRSAS, other state agencies, the state legislature, public and private providers, consumers and families, advocates and other stakeholders and their respective organizations.

Goals of the Office of Child and Family Services:

- To develop a seamless system of care that integrates services across disciplines
- To partner with stakeholders working to improve services for children
- To develop policies that promote children and family services
- To address gaps in existing services
- To develop new services using evidence based practices and expand existing evidenced based models
- To increase family involvement on committees, councils, and task forces addressing children issues
- Increase funding for children's services
- To showcase services for children with mental health problems that are working in the Commonwealth.

The office will seek new funding opportunities that will provide additional financial resources, staffing and training needed to develop and support the system of care. For example:

- Four System of Care/Evidence-Based Practice Demonstration projects are funded at \$475,000 each. Funding is also available to support an Evaluation Associate in the Office of Child and Family Services to coordinate the evaluation of these projects and support other office evaluation needs. (Described more fully under Criterion 1)
- Fifteen CSBs receive state funding to provide mental health and substance abuse services in juvenile detention centers. (Described more fully under Criterion 1)
- DMHMRSAS and the State Medicaid Agency have collaborated to make modifications to the provider manuals for Medicaid services to allow for children with co-occurring mental health and substance abuse disorders to be served and for certain evidence-based practices, such as Multisystemic Therapy and other in-home service models, to be reimbursable under the existing covered services in Virginia.
- In FY 2006 \$500,000 in new funding was added to the existing \$6.125M to serve those children whose needs are not met because they are not within the mandated populations to be served by the Comprehensive Services Act (CSA). A SAMHSA infrastructure grant for capacity building for effective, accessible and affordable substance abuse treatment for adolescents has been funded for \$400,000 per year for up to three years.

- A Co-occurring State Incentive Grant has been awarded to Virginia. The grant focuses on both the adolescent and adult populations. This Substance Abuse and Mental Services Administration grant will award Virginia \$3,500,000 over a five year period. The federal funds will support development of procedures for screening and assessment of persons seeking services, and staff training for the forty community services boards that provide publicly funded treatment throughout the Commonwealth. In addition, the grant will support a service pilot based at the Central Virginia Community Services Board in Lynchburg. Eleven other community services boards will also participate in the service pilot. The pilot programs will provide crisis stabilization services, including psychiatric assessment and treatment, as well as medical detoxification services and specialized case management. The Department has established an advisory committee of consumers, families and professionals who will actively participate in designing specific services for the pilot program.
- Workforce issues will be addressed through the co-occurring state incentive grant. A workforce survey is underway to analyze workforce issues, problems and needs. Workforce development activities will be informed by the survey, which will be followed by a series of training events targeted to meet needs identified in the survey.
- The Department has participated in several National Policy Academies, including:
 - Co-occurring Mental Health and Substance Abuse Disorders
 - Relinquishment of custody of children to receive mental health services
 - Substance abuse services for adolescents
- The CMHS Block grant supports portions of three positions in the Office of Child and Family Services, including the office director. While all of these individuals have responsibilities for populations other than children with serious emotional disturbance, they focus on implementing the CMHS Mental Health Plan in Virginia.
- The CMHS Block Grant supports activities that are consumer and family driven. Specifically the Virginia Chapter of the Federation of Families (VA-FOF) is supported with block grant funds. VA-FOF provides support to parents and educational opportunities to inform parents and link them to the resources they need.

Training for Mental Health Service Providers To increase training opportunities for service providers on the system of care model, the following are initiatives using CMHS Block Grant funds:

- Attendance at the Georgetown University National Training Institutes on Systems of Care for Children were fully supported for two staff from each of ten CSBs, one parent representative and three state-level child mental health staff. Other agencies and localities provided funding to send additional staff.
- Training focused specifically on the mental health needs of youth in the juvenile justice system has been provided at three statewide events during the fiscal year. All staff involved

in the CSB and juvenile detention center projects have been included in these training events.

- A System of Care Conference was held on March 22-23 at the Hotel Roanoke. Localities each brought a team consisting of members they work with on children's issues. Mental Health Block grant funds (\$30,000) were used to support the conference and to provide scholarships for the CSB staff and parents. The conference provided training on the system of care model, evidence-based practices in services to children with serious emotional disturbance and included parents, service providers and other stakeholders. Another conference on systems of care that include evidence-based practices is being planned for 2007.
- CSBs that participated in the System of Care Conference received \$2,000 to further promote their system of care model developed by their local stakeholders.
- Block Grant funding was also used to purchase training materials to enhance the knowledge and skills of community services board staff and for other infrastructure development in the child mental health system.
- *The State plans to expend the grant under Section 1911 only on services for children with serious emotional disturbance in the manner described in the budget plan in this document.*

Training for Providers of Emergency Health Services *Virginia recognizes the importance of increasing the knowledge of emergency health services providers about behavioral healthcare and the mental health needs of children and adolescents. The following are some of Virginia's initiatives in this regard:*

- *Community Services Boards provide training, orientation and consultation to local and regional emergency room staff to increase their knowledge of mental health and substance abuse problems. Some CSBs have clinical staff who are on call to emergency rooms to assist staff in assessing behavioral health problems.*
- Through the implementation of the Medical Home concept, health care providers are able to better respond to the behavioral health needs of a child. With the assistance of a HRSA grant, 13 pediatric practices throughout Virginia have agreed to work with the Medical Home Plus resource team to make their practice a "Medical Home". Each practice team includes at least one physician, a service coordinator, and a parent. Including a parent in the process of change has been a new experience for the majority of the practices. As team members, parents tell it like it is. It is through their experience that the areas for change are identified and the PDSA cycle begins.

- The CMHS Block Grant-supported Virginia Federation of Families has affiliated with Medical Home Plus. Through this affiliation, training and information about children with serious emotional disturbance for health care providers and emergency responders is enhanced.
- Medical Home Plus, the American Academy of Pediatrics and NICI Partnerships for Quality are working with 14 primary care practices teaching about guidelines of care for ADHD and co occurring disorders using a team approach. A continuing medical education course was also compiled..
- Two workshops were held in Richmond and Williamsburg on using a panelist approach with psychiatrists, psychologists, guidance counselors, and pediatricians to assess and serve youth.
- With funding from the Department of Health, Virginia is piloting with 13 primary care practices in 3 regions of Virginia, a program that brings together primary care, parent of a child with special needs, and a service coordinator from the region.
- Training was provided for residents in Internal Medicine and Primary Care on caring for children with special needs, including children with emotional and behavioral problems.
- Virginia participated in a national meeting, “Linking and Aligning Primary Care with Mental Health” Dec 6-8 in Washington, D.C.
- Virginia is facilitating interaction between representatives of the American Academy of Pediatrics and the Academy of Child Psychiatrists regarding sharing of information to improve care coordination.
- Medical Home Plus, American Academy of Pediatrics and Voices for Virginia’s Children hosted a legislative breakfast on early childhood and the need for coordination of primary health care and behavioral health care.
- A shared point portal will link information for all service providers, including providers of primary health care and emergency health care for children.

Strengths of Virginia’s Current Mental Health System for Children

President’s New Freedom Commission Goal 4 states that “Early Mental Health Screening, Assessment, and Referral to Services are Common Practice”

- If untreated ,childhood disorders can lead to a downward spiral.
- Early detection can reduce mental health problems.

Virginia has a strong system of collaborative partnerships to improve and expand services through the state for infants, toddlers, children and adolescents and their families. The state has a statewide interagency early intervention system that provides services to infants and toddlers with disabilities across all disabilities. The state has had the Comprehensive Services Act network in place since the early 1990’s. This system created a collaborative network of services and funding for mandated children in foster care of special education. The 2004 General Assembly added \$2,000,000 of new

state general funds to be used for provision of mental health services to children and adolescents with serious emotional disturbance and related conditions that are not mandated for services under the CSA.

The DMHMRSAS is the lead agency in Virginia for Part C Early Intervention Services. The Department of Mental Health, Mental Retardation, works with a group of stakeholders and Substance Abuse Services to examine Virginia's Part C system, identify the system's unique strengths and challenges, and make recommendations about infrastructure changes to improve Virginia's Part C system. Virginia's Part C system is faced with a number of significant challenges including significant fiscal crisis. The number of children served through Virginia's Part C system has increased almost 30% since 2000. The 2005 General Assembly added \$ 2.25M State General Funds for early intervention services and an additional \$2.25M for FY 06. In addition, public and private insurance reimbursement rates have fallen and other federal funding through DSS and unspent Part C funds have been eliminated.

- The Office of Child and Family Services within DMHMRSAS coordinates and promotes service systems for all children, including those with serious emotional disturbance.
- The Comprehensive Services Act for At-Risk Youth and Families was implemented in state fiscal year 1994. The state has had ten years of cross-agency collaborations to support the system of care.
- Additional funds were appropriated by the General Assembly in 2004 to serve children and adolescents who are not mandated for services under the CSA.
- Additional funds were appropriated by the General Assembly in 2005 to address increasing need for early intervention services for infants and toddlers and their families
- There is local flexibility in service provision, established by the CSA and the establishment of local mental health centers.
- Children's mental health advocacy is strong in Virginia, led by several groups that are represented on the Mental Health Planning Council.
- There are several Virginia universities with the capability to train a competent workforce of professionals.

Weaknesses of Virginia's Current Mental Health System

System-related

- Lack of coordination among agencies in developing policies, procedures and services to allow better access to services.
- Funding for children's services is not coordinated across state agencies.

Service Provision

- Children with mental disorders involved in the juvenile justice system are not adequately served.

- Some parents are left with no choice but to relinquish custody of their child in order access publicly funded services for them.
- Increasing numbers of children are aging out of services funded by the Comprehensive Services Act. Many of these children are being served in out-of-state placements because there are no services appropriate for them in Virginia.

Relinquishment of Custody to Receive Services

- There is a critical shortage of psychiatrists and psychologists.
- There are geographic inequities in the available types and amounts of mental health services for children and adolescents.
- Virginia has not taken full advantage of existing opportunities exist to expand services for children and adolescents that could be covered under Medicaid.

Unmet Service Needs and Critical Gaps

CSB Waiting Lists

On April 11, 2003, there were 994 children or adolescents with or at risk of serious emotional disturbance who were receiving some but not all recommended mental health CSB services. There were 320 who were not receiving any CSB mental health services. There were 211 children or adolescents with substance dependence or abuse who were receiving some but not all recommended CSB services. There were 76 who were not receiving any CSB services. (DMHMRSAS Comprehensive State Plan, 2004-2010)

As many as 23% of children in foster care are believed to be in custody to obtain treatment. A study on The Relinquishment of Custody for the Purpose of Accessing Behavioral Health Treatment has led to a series of recommendations that call for system reform, funding expansion, changes in policy and code, service improvements and program development. Legislative reform has been proposed. Analysis of the recommendations for future action is underway.

Inpatient Beds

Children's public inpatient bed capacity dropped from almost 200 beds in 1990 to the current level of 64. The system only has beds for children in the Commonwealth Center for Children and Adolescents (48) and Southwestern Virginia Mental Health Institute Adolescent Unit (16). In fiscal year 2005, the Commonwealth Center for Children and Adolescents had an average daily census of 29.

Substance Abuse

A review of 2002 National Household Survey on Drug Use and Health data suggests that the use of illicit substances and the non-medical use of prescription drugs, particularly among youths and young adults, are increasing. Alcohol use has been increasing steadily since 1990, with youth under age 18 accounting for much of the increase. Adolescent use nearly doubled, from 2.2 million in 1990 to 4.1 million in 2000, with gender distribution about equal. Virginia currently does not have the capacity to serve the population of children and adolescents who need specialized substance abuse services.

State's Priorities and Plans to Address Unmet Needs

Waiting Lists

Virginia has secured additional funding to be used for provision of services to children who are not mandated for services under the CSA. This expansion of services will help decrease the number of children and adolescents who are currently on waiting lists.

Inpatient Beds

Virginia is working with local private hospitals to provide services to children and adolescents in crisis, which will allow them to receive services close to their home.

Substance Abuse

Virginia participates in the *Commonwealth Partnership for Women and Children Affected by Substance Use*. The Partnership's membership includes representatives from local and state agencies, mental health providers, medical providers and other stakeholders. The Partnership seeks to identify and resolve barriers to services. There are also plans to expand the array of adolescent detoxification and treatment services available.

Recent Significant Achievements

The 2006 Appropriation Act included language (Item 330-F) directing the Department and the Department of Medical Assistance Services, in cooperation with the Office of Comprehensive Services, CSBs, and court service units, to develop an integrated policy and plan, to provide and improve access by children to mental health and mental retardation services. The Department supports a workgroup representing CSBs, state agencies, parents, and other partners to identify service needs and develop the Policy and Plan to Provide and Improve Access to Mental Health, Mental Retardation and Substance Services for Children, Adolescents and Their Families, hereafter referred as the 330-F Report. General recommendations include:

- Integrate services across disciplines and agencies.
- Implement statewide training on child mental health issues.
- Develop new services and address gaps in existing services.
- Increase the number of board certified/eligible child psychiatrists and trained clinical psychologists.

The Child and Adolescent Special Population Work Group met over the course of a year to make recommendations to enhance community and facility services to support children and adolescents and their families. The Work Group discussed and supported the *Collection of Evidence-Based Treatment Modalities for Children and Adolescents with Mental Health Treatment Needs* (Virginia Commission on Youth, 2003) and the 329-G Report. Five groups were formed to make budget recommendations related to: best practices; capacity building; service integration; needs of special populations; and hospital, residential, and detention center facility needs.

The Office of Child and Family Services works with a Child and Family Advisory Committee comprised of 51% of families to advise and assist the office on issues impacting children and their families. This supports Goal 2 of the President's New Freedom Commission Final Report: Mental health care is consumer and family driven.

Another significant accomplishment is the funding appropriated to DMHMRSAS to provide a mental health clinician and case manager in fifteen detention centers. Funds were distributed to fifteen CSBs to provide mental health treatment services, psychiatric evaluations and substance abuse services to juvenile offenders in need of these services.

Vision for the Comprehensive Community-Based Public Mental Health System

Virginia's behavioral health services system should provide seamless access to services for children and families to promote the well being of children and reduce the incidence and severity of behavioral health problems.

This vision will be accomplished by the following:

- Agency collaboration at state and local levels
- Adequate funding
- Adequate services/treatment that are evidence-based and provided by qualified professionals
- No child's needs go un-served and no "wrong door" for services.
- Demonstrating the principles of the system of care in day-to-day service delivery.

The Integrated Policy and Plan to Provide and Improve Access to MH/MR/SA Services for Children, Adolescents, and their Families identified the following characteristics of an integrated system of mental health, mental retardation and substance abuse services:

- Easy access with free or sliding scale fees
- Centralized access to intake assessment
- Case managers operating across systems and providing families with guidance through the system.
- Central governance for policy, procedures, direction and information collection with evidence based practices
- Focus on early intervention and prevention
- Focus on non-crisis oriented treatment services
- Child and family involvement at all levels
- Culturally competent care

With this vision as its compass, Virginia will use this plan for children's mental health services as its guide for action over the next two years.